

An Exploration of Safe and Acceptable Housing for Racialized Women Who Have Experienced
Intimate Partner Violence Within the Housing Crisis in Vancouver

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Abstract

In the era of The Highway of Tears, the Missing and Murdered Girls and Women in the Downtown Eastside, stories like Tina Fontaine, and the #MeToo Movement, this research explores the personal political stories of racialized women who have experienced intimate partner violence within the housing crisis in Vancouver. To capture racialized women's voices of resilience, pain, growth, trauma, and over coming, this research uses Feminist Participatory Action and Photovoice methods. The purpose of this method was to illuminate authentic, and on the ground knowledge. The findings from their narratives and courage that arose were conditions of unsafe and unacceptable housing after changing living situations, how the impact of violence affected their health, and how resilience and self-actualization grew from adversity. These findings and discussion with the participants concluded that policies that address these issues need to include action towards the perpetrators. Policies need to call out and make men accountable. Policies need to empower racialized women with just wages and employment, increased stock of safe and acceptable housing, and appropriate treatment and resources for racialized women who have been abused.

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Introduction

The subject of my research paper stems from my lived experience. I am a racialized woman who has experienced intimate partner violence (IPV) and found barriers to safe and acceptable housing. When I came across a research project that was close to my situation, that used Feminist Participatory Action Research (FPAR) methodology, I felt that I had not only found a significant research project to build from but also a way to make meaning of my lived experience, as well as a hope of finding agency and liberation. I was excited about incorporating social justice and creativity by applying Photovoice as a method to the study. The reader should know what I mean by “building from”. In my own research study, I followed the same procedures as Natatsha Jategaonkar and Pamela Ponc, from their research project titled “Unsafe and Unacceptable Housing: Health & Policy Implications for Women Leaving Violent Relationships” (2011). They used FPAR, Photovoice, qualitative research, open ended question, and the study took place in three cities in BC. My study was in BC but on a much smaller scale, and focused in Vancouver. That said, there have been many nuances and changes between the time of their study and my own.

The study’s focus is on IPV, the housing crisis in Vancouver, and racialized women’s health. IPV is a global public health problem faced by about one-third of women in their lifetime (WHO, 2013). IPV includes any type of violence (physical, emotional, sexual, economic, psychological, or social) that is perpetrated by women's current or former spouse or intimate partner (WHO, 2013). The purpose of this research paper is to enhance awareness around racialized women's health who have been in intimate violent partner relationships and to find out how these women found housing despite the barriers. My research question is, within the Vancouver housing crisis, what are the stories of racialized women who have left intimate

partner violent relationships? The goal of the research is to give voice to the stories of racialized women who have left IPV relationships and gain their ideas regarding the creation of safer, long-term housing options through policy development in Vancouver. The purpose is also to document evidence of the barriers to housing faced by these women and to speak to the resilience of these women.

By creating a platform for racialized women to express their stories through creativity, and use their voices to provide policy recommendations formulated through an intersectional feminist and violence lens, this research can help to address how to provide a meaningful context for safe and acceptable housing for racialized women leaving violent relationships. Just having a roof over your head is not acceptable. I narrowed down the research paper to racialized women because it is a vulnerable and under-researched demographic, and one I identify with. I am defining racialized as a person who has experienced racism, such as immigrants, refugees, women of colour, and indigenized women. There is IPV in same-sex relationships, but for the scope of this research, it focused on racial and mixed-racial heterosexual IPV relationships. There is an abundance of research about non-racialized women in intimate partner violent relationships fleeing the violence. However, there is limited research that focuses on the issue of housing for racialized women after leaving violence. With a focus such as this, there can be more opportunity for the safety and healing of this population.

Literature Review

Intimate Partner Violence and Racialized Women

Much of the literature on intimate partner violence focuses on the experiences of white women. It is necessary to address the different intersections of oppression such as racism, ableism, sexism, and classism or else essential aspects of racialized women's stories, otherwise the silence becomes a continuation of the deepening and furthering of violence. In the context of racialized women's health, and housing, this section of the literature review will examine what it means to be a racialized woman who has experienced IPV in Canada.

Racialized women are disproportionately affected by IPV because exposure to chronic poverty and racism in everyday life puts them at higher risk. According to the Native Women's Association of Canada (NWAC), in Canada, 54% of Indigenous "women reported severe forms of family violence compared to 37% of non-Indigenous women, and other racialized women, suffer more significantly from domestic violence" (NWAC, 2008, p.2). Indigenous women are subjected to high rates of multiple forms of violence, including intimate partner violence, in the context of ongoing colonization and pre-colonization. Furthermore, health promotion interventions for women who experience violence have not been explicitly tailored for Indigenous women.

Immigrant and refugee women who have experienced IPV, their issues are compounded with language difficulties, confusion over their legal rights, and the overall stress of adaptation to new cultural and social structures (Stockman, Hayashi, & Campbell, 2015). Stockman et al. (2015) further state that "immigrant women are especially vulnerable [to IPV] because of poverty, social isolation, disparities in economic and social resources (between the woman and

her partner), and immigration status” (p.63). Immigrant women are more likely to have lower levels of education, live in poverty, and have less access to [health care] and other resources, further exacerbating the health consequences of IPV. Moreover, [racialized] women are overrepresented in emergency departments. How these factors impact their mental health are higher rates of depression, posttraumatic stress disorder (PTSD), low self-esteem, and suicidality. In Stockman et al., 2015 report, they compared racialized women with IPV experience, to their counterpart who had not experienced IPV, and in some instances, as compared to white women with IPV experiences and found that the former had much higher rates of mental health issues (Stockman et al., 2015). However, no published review [focused] solely on IPV among [racialized women in Canada] and associated physical, mental and sexual and reproductive health outcomes” and how it impacts their housing.

Peitsch (2010) reports how racialized and immigrant women in communities get labelled and constructed as “inherently violent” which in turn normalizes violence directed at racialized women. The impact of this labelling is that they do not get the same system response as a non-racialized woman. She argues that “the criminal justice system has proven imperfect in addressing sexual violence in the lives of Canadian women in general” (p.136). Systemic bias and the experience of racialized women suggest that non-white women are less likely to be conceptualized as victims or as deserving of aid when sexual violence touches their lives (p.136). An example is the Vancouver Police Department's lack of integrity and professionalism in how they investigated the murdered and missing Indigenous women and girls in Downtown Eastside, like Serena Abotsway, Georgina Papin, and Brenda Ann Wolfe. Those are only 3 of the names of the thirty-three body pieces and DNA found on this case (Vancouver Sun, 2010). They were slaughtered on a pig farm by one man and at times an associate, between 1995 and 1999 (Globe

and Mail, 2017). Police response to Pickton's victims was an 'embarrassment,' a former Vancouver mayor says. (Globe and Mail, 2018). Indigenous women's groups, like NWAC, and national newspapers have reported extensively on the incompetence, racism, and indifference on the inquiry of the missing girls and women (Culbert, 2010; NWAC, 2010). The murdered and missing women and girls from the Highway of Tears, which is 450 miles of highway between Prince George and Prince Rupert in BC is another example of negligence by the government, and enforcement. RCMP has reported 1,200 cases over the past three decades, but research by the NWCA suggests the total number could be as high as 4,000 (Levin, 2016).

Racialized women remain depicted as individually, culturally and systemically "different" or "less than" white women. In 1989, a man shot 14 women during the Montreal Massacre. The victims, all of whom were white, were shown in the media using their graduation pictures, along with photos of a commemorative plaque honouring their lives (Desjardins, 2017). In contrast, the photographs used in the media for missing and murdered Indigenous girls and women are usually mug shots, or similarly unfavourable images (Vancouver Sun, 2010). This juxtaposition reinforces racial stereotypes of racialized women, and is so common in contemporary media that those stereotypes have become normalized, accepted and thus typically go unexamined. These inaccurate representations of racialized women negatively impact their lives on so many levels, including the ability to find safe and acceptable housing. This narrative of racialized women, portrayed as criminals, influences how they are treated, and in this context by racist police, which could easily be landlords, housing policy makers, or housing board members who are the gate keepers to housing.

That said, other factors that prevent racialized women who are "immigrant and refugee women, may be afraid of what could happen to them if their sponsorship breaks down, or might

be concerned about exposing the violence in a public way because of racist assumptions made about their communities” (Morris, 2007, p.8) which would prevent them from seeking safe and acceptable housing.

Safe and Acceptable Housing

O’Campo, P., Daoud, N., Hamilton-Wright, S., & Dunn, J. (2016) authored a strong and relevant report on the conceptualization of housing instability in Canada that focuses on the less obvious measures of safe and acceptable housing. O’Campo et al. point out that most studies examining IPV and housing instability are fragmented, oversimplified, and have limitations (2015, p.1). Given that, O’Campo et al.’s research brings forward Pavao et al. (2007) and Rollins et al. (2012) idea that:

the measure used for housing instability is sometimes limited to the housing itself, such as difficulty paying rent or mortgages, inability to secure housing due to credit problems, paying 50 per cent or more of income to meet housing costs, eviction threats or notices, frequent moves, crowding, or doubling up with family or friends. (Cited by O’Campo et al., 2015 p.2)

O’Campo et al. also identify the work by Barata & Stewart (2010), who broaden the list of determinants that limit access to stable housing. These include items such as difficulty paying bills or moving because of partner harassment, or greater discrimination by landlords (e.g., refusing to rent to women known to be fleeing abuse) (cited by O’Campo et al., 2015 p.2). It is important to name and identify these measures to understand IPV, racialized women’s health, and housing instability. By doing so, it clarifies and brings to the light the barriers that racialized women experiencing IPV face when trying to access safe and acceptable housing which are typically overlooked in the literature.

O'Campo et al. (2015) argue further that when research on housing focuses solely on financial barriers to housing, important elements of housing accessibility are ignored and are thus likely to remain unaddressed. Shaw (2004) attempts to address this problem by "measuring housing conditions, risk of homelessness, and affordability, and additionally looks at proximity from home to schools, grocery stores, parks, healthcare and [access to public transportation]" (cited by O'Campo et al., 2015 p.3). Shaw (2004) also includes psychological aspects of housing, like the feeling of home as a refuge, the prestige a home and its neighbourhood can provide, the ability to control the home environment, the effect of housing insecurity and debt on psychological stress, and cultural cohesion within the neighbourhood (cited by O'Campo et al., 2015 p.3). Shaw's conceptualization of housing goes beyond financial costs and highlights elements of safe and acceptable housing that are often taken for granted when is living a privileged life. Explicitly outlining these elements is incredibly valuable for racialized women experiencing IPV who may be living with low self-worth, financial poverty, trauma, and isolation. Studies on IPV and housing report that women's housing conditions are failing to meet their mental, spiritual, emotional, and psychological health needs both before and after separation from a violent partner (Jategaonkar & Ponc 2011). Using this broader conception of safe housing creates a standard for housing that if properly implemented, would encourage housing policies that would allow women experiencing IPV to dignity, well-being, and safety.

Vancouver Housing Crisis and Safe and Acceptable Housing

Vancouver is listed as the most expensive housing market in Canada and has in fact reached "crisis level" (Naidu-Ghelani, 2018; Bailey, 2016). The exorbitant cost of a mortgage or monthly rent in Vancouver is an obvious barrier for women experiencing IPV, and one that is particularly challenging for racialized women given their higher rates of poverty and lower

average income. Buying a house or condo in Vancouver is easily \$1 million and above. A down payment for anything a million and above is 20% which is \$200,000 (Globe and Mail, 2018). 5% down payment is expected for homes under a million dollars; homes for far less than \$1,000,000 are readily available in other areas of BC, but not Vancouver. In the current Vancouver housing market, it is a challenge for double-income middle class families to buy a house, let alone single parents. According to the City of Vancouver website (Vancouver, 2018), the average monthly rate for a two-bedroom unit in May 2018, was \$2,800. For anyone whose household income is less than \$50,000, one would be spending over 50% of their income on housing if living in an average two-bedroom unit. The maximum income assistance amount for shelter that a single parent who has multiple persistent barriers can receive a month is \$570, according to the BC Income Assistance Rate Table (Ministry of Social Development and Social Innovation, 2017). Furthermore, the Canadian Mortgage and Housing Association (CHMA) reported that in 2017 Vancouver had a rental vacancy rate was of 1%, which means landlords can pick and choose whom they rent to, and they also have history of arbitrarily increasing their monthly rates.

Currently, housing policies in Vancouver are slow to roll out permits that promote housing density in urban areas. Additionally, there is a huge shift in long-term affordable rentals being replaced with expensive short-term rentals such as Air BnBs. Because of the housing policies that negatively impact long-term affordable rentals, there is a trend of all types of wage earners migrating away from the city. Subsidized housing units and housing co-op units are in high demand, and have low supply. To apply for housing co-ops there are long waitlists, and it is not uncommon for waitlists to be closed due to so many applications.

Monthly rental costs and mortgages are the transparent costs that are apparent barriers. These dramatic and increasing housing costs prevent racialized women from leaving IPV

relationships. They have limited choices of housing options of either moving to an affordable space outside of Vancouver, or live in unsafe circumstances of unacceptable housing. However, other research and theorists support the idea that leaving a partner who is abusive does not always mean that the survivor must leave home (Baker et al., 2010; Breckenridge & Mulroney, 2007; Paterson, 2009). The concept of a survivor staying in the home is a massively under-researched preference for racialized women who want to stay in the home and not have to uproot the lives of their children and their network.

Financial Hardship

Jategaonkar & Ponc (2010, p.11) state “poverty is the most significant barrier to housing that women face when they leave violence.” According to Canada Without Poverty, poverty can be broadly defined as involving “a lack of income and resources to meet basic needs, as well as intangibles such as lack of opportunity, meaningful employment, and belonging (p.1)” With limited or sometimes no resources, opportunities, or employment, it is challenging for women leaving violent relationships to secure housing (Canada Without Poverty, 2010). An important finding in Jategaonkar & Ponc’s (2010) report was about financial abuse, IPV, and housing. They found that some women would immediately experience poverty after they left relationships, particularly in circumstances where ex-partners controlled or withdrew women’s access to the families’ finances. For many of the women in the research by Jategaonkar & Ponc (2010), social assistance was the only available income option after leaving violence because the lack of available childcare or post-abuse health issues preventing them from securing or maintaining employment. Jategaonkar & Ponc (2010) note that women pay much more than 30 percent (the recommended maximum percentage of income that should go towards housing) –

and some upwards of 75 percent – of their income for housing, which forces them to face daily decisions about whether to pay for rent, bills, food, clothing, or other life necessities.

Recommendations that were made to offset some of the financial barriers to housing was to increase welfare rates, having equal pay, strengthening residential tenancy laws by attaching rent increases to residential units (not tenants) and prohibit eviction into homelessness. On the City of Vancouver website (Vancouver, 2017), they are currently trying to address the housing crisis by reviewing laneway housing permits, implementing an Empty Homes Tax, Temporary Modular Housing for the homeless, and numerous types of subsidized rent payment programs for low to moderate family incomes. That said, there are limited programs, and subsidies specifically for racialized women who have experienced IPV. Accessing these subsidies and housing resources can at times be just as challenging and confusing, if not more, as seeking housing itself. It requires being computer literate, mastery of English, disclosing and being vulnerable, knowing where to look, filling out applications, qualifying, and a lot of time and patience. Big decision making, mental and emotional labour is also required at a time when one can feel the most depleted, isolated and depressed.

Appropriate Legal Aid

In Vancouver, there are legal aid resources, such as Rise Legal Services for Women, Legal Services Society, and the Indigenous Legal Clinic that help women with legal aid around domestic violence, child custody, and divorce/separation. These services are helpful, however, their waitlists are long and they have limited available service hours (Marchetti, 2008). They are also not-for-profit organizations, and students often deliver the services. The British Columbia Committee to Elimination of Discrimination Against Women (BC CEDAW) Group self-identifies as a “coalition of women's non-governmental organizations committed to advancing

the rights of women and girls in British Columbia” (BC CEDAW, 2016, p.0). They state that “men predominantly use criminal law legal aid, and it is women who are usually in need of family law legal aid and civil legal aid” (BC CEDAW, p.2). Another important fact to know, which contributes to housing barriers is “the disproportionate poverty and economic hardship that women experience after separation, the legal and financial rights afforded to them under the family law are vital to their ongoing economic security” (BC CEDAW, p.2). “They need accessible legal services to enforce their rights, but in BC there is no legal aid coverage for financial matters involving the division of property and family maintenance” (BC CEDAW, p. 2). This is the crux of financial abuse that starts in IPV, and how the violence continues after separation. Because there is not enough money for legal aid after the woman leaves, there is no support to access the rights to property and child support. These are the conditions that lead to unsafe and unacceptable housing after separation. Unfortunately, there is no how-to-book to walk racialized women through the legal system, or even prepare them for what may lay ahead. The idea of restraining orders or having to seek protection from their violent husband or partner under legal aid as an immigrant woman, would be beyond comprehension. BC CEDAW acknowledges marginalized populations but does not give specific data on how lack of legal aid resources affect racialized women who have experienced IPV and access to safe and acceptable housing.

Mental Health Effects of Violence and Housing

The literature (Jategaonkar & Ponc, (2010); Pavao, Alvarez, Baumrind, Induni, & Kimerling, R. (2007); and Rollins et al., (2012)) reveals that intimate partner violence compromises health, both physical and mental, due to the negative impacts of violence on women's health such as depression and post-traumatic stress disorder, and it limits their ability to

access housing. The result could also lead to taking longer to get housing. Often the housing found is unacceptable and unsafe, and this situation further aggravates women's mental and physical health, thus creating a persistent cycle in which poor health is a barrier to housing, and in turn, inadequate housing is a barrier to good health.

In the Building Bridges Report, one woman described it as feeling “confused, scared, threatened, abandoned...needing to find somewhere that's safe...but more struggles and obstacles and barriers” (Atkey et al., 2010, p. 17). Other women used the terms of lost, alone, overwhelmed, and less than. Some women spoke of being suicidal during the transition of leaving their home to finding new housing. The challenges associated with navigating the complex systems, paperwork, and tasks required to secure and maintain income, housing, and other life necessities further impair women's mental wellness, particularly in the context of poverty and re-victimization.

IPV survivors consistently report Post-traumatic Stress Disorder (PTSD). Judith Herman, a feminist writer, professor and psychiatrist, compares aftermaths of intimate partner violence, to the aftermaths of war veterans. She defines PTSD as symptoms of helplessness, dissociation, persistent distrust, ruminative preoccupation, or reliving experiences (Herman, 2009). That said, there are limited resources for women with PTSD caused by abuse, especially compared to veterans who are diagnosed with PTSD.

Currently, there are services like Battered Women's Society, Women Against Violence Against Women, and Stop the Violence Program, which all have long wait-lists. The programs are vulnerable to provincial government contracts and have limited sessions per client. Veterans, mainly men, in Canada are offered PTSD inpatient and outpatient treatment, Disability Benefits, Rewards and Pensions, and Earning Loss Benefits Veterans Affairs Canada, 2014). They are

offered to get re-educated with all costs covered. When they are discharged on medical leave for PTSD from the military they attend multiple workshops that explain what benefits, pensions and other resources there are, plus a-how-to-fill-out applications and forms workshop. They also get referred to a medical team which includes a psychiatrist, medical doctor, nurse, and case manager. Some veterans who are released on PTSD disability, maintain their full wage until retirement, plus extended health benefits. If women's experience of PTSD caused by abuse was acknowledged and responded to on a government and institutional level with appropriate monetary compensations and programming as veterans, recovery and housing would look much more hopeful. It would alleviate some of the economic and psychological barriers to long-term, safe and acceptable housing.

Women's physical health problems are often the most noticeable, and contribute to mental health issues. Women report broken bones, extensive bruising, and fractures, directly resulting from IPV. Studies "reported chronic health problems – diabetes, hypertension, irritable bowel syndrome, fibromyalgia, osteoarthritis, and chronic pain" (Daoud et al., 2016, p. 213). Broken bones and bruises likely get an immediate response from healthcare workers and it's easier to link it to IPV, but it's the chronic physical and mental health problems that remain long after abuser is gone and get less attention.

To conclude, the research mostly focuses on non-racialized women, and there are limited studies on about racialized women and how that intersection may impact their mental and physical health. These factors affect all aspects of life, like being able to work, connecting to other people, parenting, and self-care. These barriers, in the midst of a housing crisis, and fleeing IPV – it takes determination and hustle to find a safe place to land. The abilities to move

forward, move out, and move to uncertainty, and to breathe throughout, speak to the perseverance of racialized women who experience IPV.

Theoretical Framework

In this research report, I will apply a critical feminist intersectionality theory. It is the study of numerous categories of social relations that intersect with one another to generate systems of power, class, oppression, and privilege (McCall, 2005). An intersectional framework makes racialized women, and lesbian, gay, bisexual, and transgender (LGBT) people—whose needs and experiences tend to be concealed by gender-only frameworks visible (McQueeney, 2016). Feminist intersectionality theory examines the immediate and interacting effects of gender, race, class, and sexuality on people's experiences (McQueeney, 2016). Davis (1981), hooks (1993), and Lorde (1984) state that feminists of colour have shown that a gender-only analysis of IPV can imply a false universalism, that in actuality is rooted in white, middle-class, heterosexual women's experiences and interests (cited by McQueeney, 2016). For example, Crenshaw (1991) found that antiviolence agencies that rely on a "race-neutral" understanding of women who have experienced intimate partner violence often fail to meet the needs of racialized women and immigrant women (McQueeney, 2016). Feminist intersectionality theory of race and gender, placed at the center of inquiry (i.e., neither category is analytically privileged) can create systems of care that promote justice and well-being for all (McQueeney, 2016).

The feminist intersectional lens can also clarify the ways that gender, poverty, geography, racism, and colonialism overlap for rural First Nations women, and at the same time increase the risk of IPV and decrease access to housing and related services. Furthermore, it helps to illuminate health inequalities and the influence of social determinants of health by promoting a

framework for examining their complexities (Harkivksy & Christoffersen, 2008). For the reasons stated above, this theory is the most appropriate to apply.

Within the study, I will be using Feminist Participatory Action Research (FPAR). It came to be because Participatory Action Research (PAR) indicates that the social world is a place of gender-neutrality. FPAR is a way that feminist theory and practice is be used to inform and develop PAR (Hardwick, Smith, & Worsley, 2016). FPAR aims to privilege women's experiences as legitimate sources of knowledge, enhance community inclusion and participation, and facilitate action towards social change (Frisby, Maguire & Reid, 2009). Like PAR, the purpose of FPAR is to democratize the knowledge building process, then adding a clear gender lens while factoring in other intersecting axes of power and oppression such as race, class, sexuality, and ability (Maguire, 2001).

Photovoice is a participatory action research strategy that offers unique contributions to women's health. It is a process by which people can identify, represent, and enhance their community through a specific photographic technique. Photovoice has three main goals: (1) to enable people to record and reflect their community's strengths and concerns, (2) to promote critical dialogue and knowledge about personal and community issues through large and small group discussion of their photographs, and (3) to reach policymakers (Wang & Burris, 1997). It involves participants taking photos to illustrate their experiences and then discussing the meaning of their photos through individual and group interviews (Wang, 1999). This method has become gradually used in social justice and health research projects because of the use of photographs as data delivers a powerful effect on knowledge translation and social change activities. Photovoice is becoming a popular research method to record the daily lives of people with less social, political and economic power (Wang, 1999).

Attributed to Caroline Wang, Photovoice came to be so that women living in Yunnan province in rural China could take pictures. These pictures were used as a form of capturing hardships they endured to change and influence policy-makers (Wang, 1999, p.55). Since that time, researchers and social justice groups have been able to enable local people to act as recorders, and potential catalysts for social action and change in their communities. The photographs allow the immediacy of the image and captioned stories to furnish evidence and to promote an active, participatory means of sharing expertise to create healthy public policy (Wang, 1999, p.56).

Photovoice disrupts dominant discourse in research and interventions of IPV by enabling researchers and practitioners to gain a perspective from vulnerable populations and values the knowledge put forth by them as a vital source of expertise (Oden, 2013). It is accessible to anyone who has a camera and can take photos, no matter what language they speak, or if they can or cannot read.

As a consequence of IPV, the survivor can often be isolated because they are still in that relationship, and/or are feeling shame and fear. In the Photovoice method participation allows for more abundant and more complex social life data, such as social and political relations, than if only formal survey sampling techniques are used (Wang, 1997). Wang & Burris (1999) also highlight that there are tangible and immediate benefits to participants and their networks. This method can sustain community participation during the period between phases of a research project. Long-term community members cultivate long-term relationships by expressing appreciation, building ties, and pass along something of value made by themselves. Mohanty (1999) argues that in Western feminism, racialized women are defined primarily concerning their *object statuses*, such as victims of male violence, victims of the colonial process, and victims of

economic development (p. 338). Alternatively, Photovoice enables survivors to depict not only the community's needs but also its assets.

This approach factors in the complexity of the experiences of racism, sexism, religion, language, gender, education, income, occupation, ethnicity, age, indigeneity status and geographic location, and many other social categories that impact access to jobs, housing, and how likely to be respected and accepted in the way you are by people with money and power who make most of the decisions. These social categories do not act on their own. They interact to produce unique experiences and perspectives. In my own experience and those that I have witnessed, the more marginalized one is, the more silenced they are.

Method and Design

As noted in the theoretical framework, FPAR and Photovoice were used as the method and design. It is a specific tool that is appropriate to address racialized women's health, intimate partner violence and the housing crisis. The methods were used in conjunction with focus groups and qualitative in nature. A thematic analysis was used as the method to analyze the data.

Recruitment

Recruitment began once approval had been obtained from the University of the Fraser Valley's Research Ethics Board on November 15, 2017 (Appendix A). Racialized women who had met the requirements of research were invited to participate in the study through a recruitment poster sent out by the researcher during the period November to December 2017, explaining the study and the criteria for participation (Appendix B). The posters were sent in Vancouver public spaces, such as online forums, employment and community centres. A letter of informed consent which provided more details about the study was also attached to the recruitment email (Appendix C). The researcher spoke with ten potential participants. The

inclusion criteria required that participants: a) had left a violent relationship, were out of immediate danger, and had a safety plan in place; b) can make informed consent as legal adults; c) were able to commit to the project; and d) had identified supports in place and can reach out for support if needed. Six women met these criteria. Childcare was offered, but not needed. The first and second sessions took place in an Employment Service Centre in a private boardroom. The sessions took place here because participants would be to remain anonymous and confidential. There would be no signage to say the reason for them being there. The participants came from various ethnic backgrounds, incomes, and housing situations which are listed in Appendix E.

Procedure and Data Collection

The first meeting as a group was a 3-hour session focus group to discuss ethical protocols and safety procedures. In this session, we discussed and went over informed consent procedures, the collection of demographic and background information. The researcher and participants discussed the formulation of a formal consent which could be renewed at different points of the research process. The researcher continuously checked in and reminded participants to use their support network, caseworkers, researcher, and each other for emotional support throughout the project. Remarkably, one of my participants shared that she was also a participant in Natasha and Ponie's study in 2011. Her participation was invaluable to our group.

A consulting photographer attended this meeting. The photographer was also a social justice journalist, who was familiar with Photovoice research methods. The participants gave verbal consent for them to be there to give training. The photographer came in to give information on the process of taking photos as data, relevant legal restrictions, and creating art for research. The photographer talked about how to take metaphorical photographs for the study.

Metaphorical photography is a visual presentation as opposed to verbal or literal. Most importantly, the photographs will not be able to connect or make any participant identifiable. There was the discussion of study participants retaining ownership and control of their data.

The goal of the photograph is to capture the feeling that they want to portray regarding their housing situation. Examples given were of a photograph of mould in a bedroom, and a flower growing out of a crack of cement. Study participants were coached on how to use their smartphones to take their photographs. The researcher discussed the importance of confidentiality and the potential risks of exposure to their photographs. The researcher outlined that each study participant owned their photo, and by sharing their photo, would be giving permission for the researcher to use them. The researcher explained that the photographs would be used as data, including asking participants open-ended questions about the how and why they took the photo.

The second session was audio recorded and transcribed with the narratives of the participants. The researcher asked simple questions about the photographs, such as 'why did the participant take this photo?', and 'what does the photo mean to you?' for each participant to identify and reflect on the meaning of their photo. Researcher and participants discussed what policy changes needed to happen, and what information needed to be put forward to benefit the circumstances for racialized women who have experienced intimate partner violence and have had to find safe and acceptable housing.

From the narratives of the photographs (data), the researcher completed a thematic analysis identifying the barriers and resiliencies of finding housing, and the mental well-being, or illness of participants during that time. The researcher emailed the draft of themes, and policy changes to all participants for feedback, critique and amendments. The researcher made changes and re-

sent the report to participants for their approval. Once the data was finalized, the researcher made a final report which included their stories, discussion and recommendations.

Ethical Considerations

The researcher submitted documentation to the University of the Fraser Valley's Research Ethics Board on February 15, 2017, in order to ensure that the study aligned with research ethics. This study was approved by the University of the Fraser Valley's Research Ethics Board on May 15, 2017 (Appendix A). The ethical considerations of this research project are the potential of the participants to be put at risk for participating by being identified through the photographs. The participants are given pseudonym names in this report to reduce risks. The other ethical consideration is the potential for emotional triggering or discomfort that may come up during the process. For those reasons, there are ethical protocols put in place for this research project. Those are that all research and ethical decisions are made through a lens of safety and autonomy. The researcher is a Registered Social Worker and trained in ethical protocols and debates. Participants were trained in ethical Photovoice protocols and informed consent processes. Awareness was raised with participants to discuss and make clear the short-and long-term implications of their involvement in each stage of the research process.

Participants were trained and encouraged to take photos that portray metaphorical rather than literal images of their experiences, and that do not necessarily identify any person or place.

Canadian privacy laws regarding photo-taking were reviewed with participants and used to guide photo-taking and photo usage in knowledge translation activities. Participants were advised that no identifiable photos of children will be taken. No photos were taken that implicated participants in illegal activities and place them in increased danger. Participants were involved in the analysis and representation of research outputs. Participants owned their data and

explicitly agreed in writing to “release” it to the researchers for specific purposes.

Limitations of the Study

One of the compelling reasons I choose to use FPAR as a methodology is because of the anti-oppressive approach. I value inclusivity and equality. Women want to participate for many different reasons, but one I think is to create change. Roni Strier (2007), a social worker, who has written about Participatory Action Research (PAR), points out that the motivation and willingness to become a participant is linked to an imminent and radical change in life (p. 864). Clough, P.T., & Fine (2007) write that their FPAR projects offered an electric current of research and activism through critique and possibility that travelled over prison walls (p. 266).

Additionally, one of the differences of community-based research, which has the same principles of FPAR, is the research emphasizes both process and outcomes, not just outcomes. Another aspect to be considered is that participants are most likely be sharing their experiences of trauma, which brings up many things such as intra and interpersonal issues during the process (Strier, 2007). Moreover, although supporting one another will likely come naturally, the objective of research over counselling is the main task. Participants are required to have a care plan and support network intact during the process of the research for when emotional difficulty arises. That said, Clough, P.T., & Fine (2007) bring up their struggle of who is the ‘we’ of their research collective, and through that process brought up the differences of power and privilege. Other limitations of the study are the small sample size. It is not an accurate reflection of Vancouver. Also, I will only be speaking to women who have experienced IPV, and will not be able to compare barriers to housing by women who have not experienced IPV.

Findings

Demographic Summary

The participants' ages ranged from 30 to 55 years, the average being 41 years of age. The women's ethnicities were Filipino, African, Filipino-Spanish-Jewish-Chinese, Metis, Peruvian, and Filipino-Irish. Their names are Roxanne, Kit Ming, Sarah, Maria, Tomika, and Lilac. Half were single, the other half of women were partnered. Four women had full-custody of their children, and two women had half-time custody. Sexual orientation of participants was three heterosexuals, two bi-sexual, and one did not respond to question. For the primary income of the women, two were employed, one was on disability income, one on social assistance, and one did not have an income. Their yearly average income was \$30,000.

The abuse history of participants ranged from most of life (all 6 participants), and included multiple partners (4 of 6 participants) or one partner (2 of 6 participants). Five participants reported still having on going abuse, and one participant did not respond to the question. Five participants self-reported that they continue to be harassed. The types of housing that participants lived in were home ownership, private rental unit, long-term social housing, transitional housing and homeless. The most consistent reasons for moving were for safety, health, happiness, and affordability. Other reasons were because of crowding, inadequate conditions, or landlord decision.

Themes

Three themes stood out most prominently in the rich narratives and photos that the participants shared. They are unsafe and unacceptable housing after leaving violence, health effects of violence area barrier to seeking and finding appropriate housing, resilience and self-actualization.

Theme 1: Unsafe and unacceptable housing after leaving violence

The participants that found housing described themselves as “resigned to the fact,” in other words, they were forced to live in conditions that weren’t appropriate, but were available. The housing options for the women were none to slim, with long waitlists (minimum of one year) for housing co-ops. At times, even the ability to get on a waitlist was closed for housing co-ops in Vancouver. For the women that did have access, the housing was inadequate with leaking roofs, and mold with no plans for repairs or treatment. The housing was unsuitable because of lack of enough room, and no laundry access. The Photovoice figure 1 taken by Sarah shows the over-crowding her and her 4 children lived in for 9 years.

Figure 1: Taken by Sarah



My children and I went from a five-bedroom family home to a 3-bedroom subsidized housing unit. My kids gave up their own private bedrooms in our family home and had to share with their siblings. We were crowded into a small, old space that made it hard to come to terms with what we had all been through and I believe it delayed all our healing process.

Other things that came up for participants was the lack of privacy. In a long term, social housing situation one participant, Roxanne, shared that she felt she had no privacy. To be accepted into the housing she had to disclose all the information, including her history of abuse, all financial history and child custody history. After being accepted into the housing she was repeatedly questioned about her finances. Through the surveillance cameras they noted how often she was with her son, and regularly questioned her custody agreement. Furthermore, she was expected to show her apartment with no notice, to fundraising providers and people who were interested in seeing the social housing building and program. Roxanne also mentioned that she wasn't allowed to have males stay overnight. She understands that this policy was supposed

to protect her, and the other women. At the same time, it prevented her from moving forward and feeling that she had agency in her own home.

Figure 2: Taken by Roxanne



They say that the surveillance cameras are there for our protection, but I just feel like they're spying on me, making me feel like I constantly must prove that I belong here. I feel like they know all my business and are judging me. They regularly question me about how much time I spend with my son, ask for my bank account statements and demand to know who my guests are. It makes me not want to live here, but I don't have any other options. (Roxanne)

Participants spoke of being discriminated against for how their food would smell in the building and be treated differently by the staff and residents in transition housing. Roxanne was asked, which felt accusingly, why she wasn't utilizing the church for support. They had assumed that based on her ethnicity she practiced a certain religion.

All but one participant stated that more than one of the places they stayed in had mould. Kit Ming said that they would have pots in the living room and bedrooms to collect the water that would come through the leaking roof when it would rain heavily. At the same time, she could smell the mould in her children's bedroom. The landlord did nothing about the roof or

mould so she had to scrape the mold off the walls in the closet herself and rent a dehumidifier to try and treat it. She was paranoid about how the mould may affect her children's health, especially with the little one who had asthma. Money was very tight at this time, and any extra costs bit into their food money.

Figure 3: Taken by Kit Ming



This is a picture very close to my house that has been neglected and close to abandoned. My rational mind knew that my situation wasn't that bad, yet. But at the height of the crisis our home was leaking water into the kitchen, bedrooms and living room from a roof that needed serious repairs, a basement that was flooded with sewer water, and closets damp with mold. It felt inhumane to allow me and my kids to live under these conditions. Which is in part why my two children and I couch surfed for over a month. (Kit Ming)

Figure 4: Taken by Sarah



The housing prospects I could afford intensified my pain of leaving abuse. It was like pouring salt in an open sore when I looked at filthy broken down building and I cried at the thought of raising my four kids in a place of brokenness and poverty. (Sarah)

Theme 2: The health effects of violence are a barrier to seeking and finding appropriate housing

For the women in this study, the negative impact of violence on their health compromised both their ability to seek and find housing after leaving. The participants reported that the process of actively seeking housing was made much more difficult by mental health issues such as suicide ideation, as visualized and described by Maria:

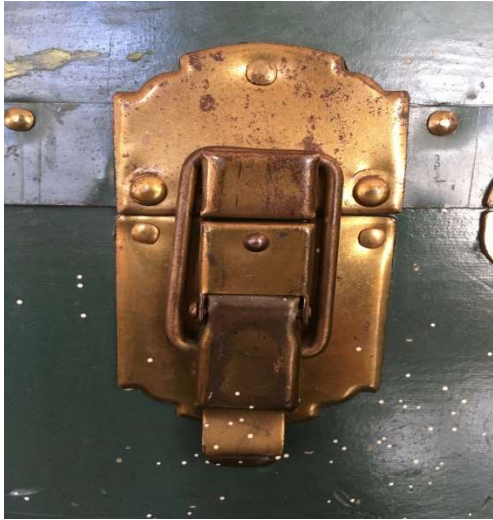
Figure 5: Taken by Maria



During a dark rainy night, I had an urge to swerve my car into on-coming traffic. I was alone in my car, and this quick and sudden flash of suicide ideation scared me to the bone. I was homeless with my children, and there was a lot of uncertainty, pain, and destabilization on too many levels that I feel brought me to this extreme feeling. (Maria)

Shame came up consistently in the data. Roxanne's abusive partner was a white male, and the participant is racialized. Her family encouraged the relationship and did not want to acknowledge the abuse because they felt she would be provided for by someone with more privilege. Roxanne felt the shame of being abused, the shame of having to admit the abuse to her parents, and the shame that her parents would not support her by overlooking the abuse. Roxanne had to leave without the support of her parents, and had to go it on her own with her 2-year-old daughter.

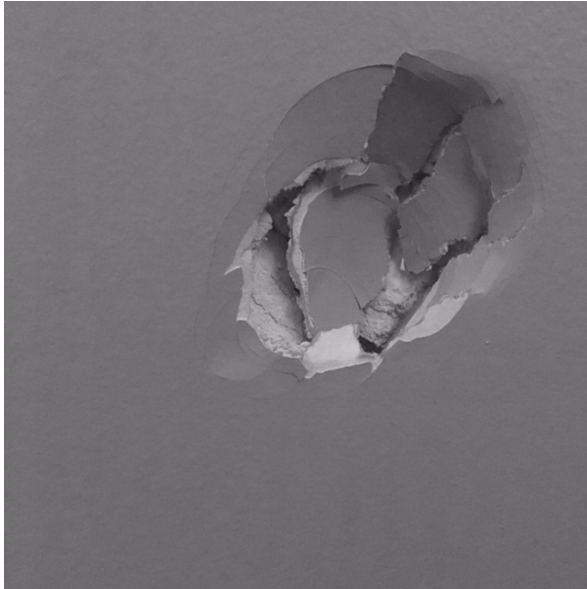
Figure 6: Taken by Roxanne



Shame made me feel locked up. I couldn't make clear rational decisions. I couldn't believe the crisis I was living in, and that it was happening to me and my child by someone who claimed to love us. The pain was locked up for so many years of living with neglect and abuse which cost me my self-worth and ability to find acceptable housing. (Roxanne)

The following photograph is of a punch mark in a wall from her husband's fist which was taken by a mother of three, Tomika. It highlights the lack of accountability in society of men acknowledging and taking responsibility of themselves, which directly impacts his family.

Figure 7: Taken by Tomika

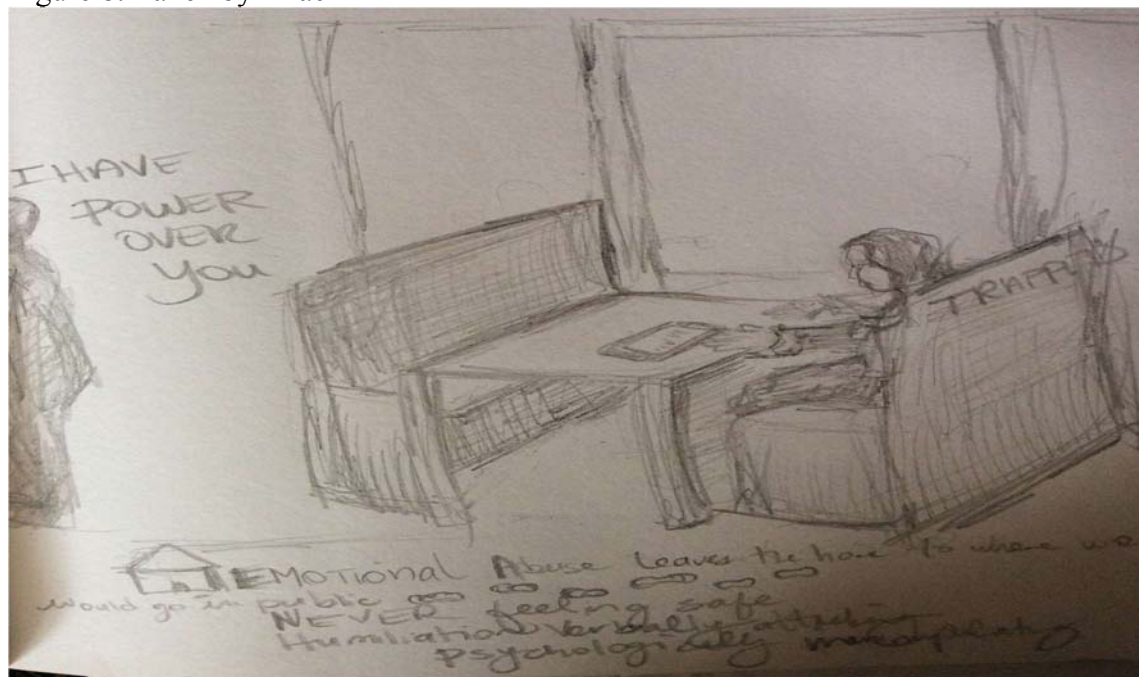


He can't control his anger. He avoids intense emotions. He uses cannabis to manage himself. He says if we hadn't made him, he wouldn't have done it. I don't know how to express my anger. I don't know how to feel my intense emotions. I don't know how to manage myself. But I know that I'm tired of holding this for the men in my family who expect that this is not their problem. (Tomika)

What came out consistently for participants was their own disbelief of their reality of living in violence and realizing that not only were their partners being violent, but the system that was supposed to protect them would not, which compounded the depressive thoughts. This is also seen in the next drawing taken by Lilac. She was also not believed, and not able to rely on the criminal justice system for keeping racialized women safe from IPV.

The picture was drawn by Lilac. It is of an experience where her partner took her to a restaurant while she was pregnant. After they had finished eating, without a word, he got up and left the restaurant knowing that Lilac did not have money to pay the bill. He had actually paid the bill without telling her and wanted to watch from outside the restaurant to see what would happen between the server and her. He intentionally humiliated her out in public, leaving a strong message of who had the power in their relationship.

Figure 8: Taken by Lilac



So, I found myself at this point being in a relationship where I saw things escalating, his coping of stress was kind of like, take it out on me, emotional abuse of just kind of making me feel small. I just remember that, “if you call the police they won’t believe you”. And all that I could feel was the he was right. They won’t believe me, I was going through this case of being assaulted, and it was going to be the next day, after he had taken advantage of me in the middle of the night. I just found myself in the same situation again. Being assaulted by your child’s dad is not the situation that you imagine yourself to be in. Moreover, all those things that you believed about yourself, you believe that you don’t matter after a while. (Lilac)

For Sarah, even though she had managed to leave the abuse, life got harder in other ways.

Sarah was a stay at home mother, and was financially dependent on the father. After she left, he refused to pay any child support and she had to find a way to support and feed her children.

It was very heart breaking that I couldn't give more to my children. It took a huge toll on me as I struggled to work multiple entry level jobs just to feed and clothe my kids. He didn't see the kids very often which was hurtful to them but better because of his ongoing alcoholism. (Sarah)

Sarah voiced that the emotional and mental load that she had took on, by herself, while living in unacceptable housing was a common experience amongst women. If Sarah had

appropriate resources and more support, she stated she wouldn't have had to live 9 years in such conditions.

For many of the participants, depression, loneliness, PTSD, loss of identity and being overwhelmed with responsibility and emotions were strong barriers to seeking housing. These symptoms and more are weaved in and out during some point in their narratives. This final photo taken by a Kit Ming, speaks to the weight of responsibility of having to make decisions of moving, such as where to move, how to make the move, and all the other things that come with moving. At the same time, trying to manage their own mental health and feeling depleted, parenting, and working.

Figure 9: Taken by Kit Ming



I feared living in my house. I feared not living in my house and having to up root my life and my children's life and being overwhelmed with all of it. The uncertainty of outcome and effects of PTSD would leave me paralyzed. The lack of mobility due to emotional pain, financial abuse, and fear. On top of that, the housing options looked hopelessly dismal. (Kit Ming)

As mentioned in the literature review, it is well documented on how intimate partner violence by men affects women and children. This theme of the health effects from intimate partner violence is a barrier to finding safe and acceptable housing is necessary look at, because housing is such a determinant of health.

Theme 3: Resilience and Self-Actualization

Experiences of resilience and self-actualization were consistently noted by each participant. Although they were in different stages of housing, they had managed to disrupt the violence in certain situations and find better living situations. Further to that, the participants shared stories of growth, having purpose, and healing.

This photo was taken by a Metis mother of four children. She went from living with an abusive husband, to living in a tent with her children, to a rundown apartment building. Eventually she become an Executive Director, holds a Master's degree and is a homeowner. She says this:

Figure 10: Taken by Sarah



Cut down, broken and destroyed. That's what I thought when I left. I thought that I would be hurt and afraid forever. I thought that the ache inside my bones would never heal and that the struggle for safe housing that I could be proud of would never be attainable. I thought the dream of living beyond the hurt was not possible. But just like this tree that was cut down, new life has sprung from this broken space. For me this is hope, resilience, trust, and letting go of loss to make room for new possibilities. I am forever changed by my experience of fleeing violence but I am not disabled, limited or bound to the abuse. I am proud of my growth and proud of how hard my children have work to heal from the experience as well. We were all harmed and we have all healed into a strong and supportive family. (Sarah)

This participant, Tomika, coped by going to the gym almost every day for a year of changing her housing situation. She started going to counseling and started feeling empowered and practicing self-love.

Figure 11: Taken by Tomika



Empowerment is showing up for myself. Keeping commitments to myself. Moving heavy objects because I am strong and I can count on myself to hold myself up, to carry myself around, with love and respect for the body and everything it supports. (Tomika)

Tomika expressed how she accepted and learned to love all of herself. She learned to love what she perceived as her flaws, be empowered, and used her experience to build a safer home for her and her children. She also shared her story to help others.

Figure 12: Taken by Lilac



I feel like this is who I am, as I co-exist in this world, knowing that survivor part in me. I'm always trying to contain it, the old leaves, from season to season, every year. I see all that's living and green, but I'm always trying to contain and compartmentalize what happened to me, and know it's all there. At the same time there is this denial, but the warrior in me boxes it in, and keep myself safe. Who I put out there, some things are about addressing violence. I want to write stories about my abuse to help others. (Lilac)

Lilac, and other participants, took up careers helping women, furthered their education, found expression through art, and joined anti-violence movements. They found alternative solutions from the criminal justice system to find their healing and growth. They found meaning from their experience and found self-reconciliation, purpose, connection and agency.

Figure 13: Taken by Lilac



I remember having the feeling of warmth. Finding the strength of other women to share my story and having solidarity. Know that each one of us are at different places, and where I am now. I have a home that doesn't have any violence. I also know that I won't find resolution in the justice system. The reality is that you can find your own resolution in your own life and that's what matters the most. Knowing that in my day to day I can find that resolution in myself and through connection. (Lilac)

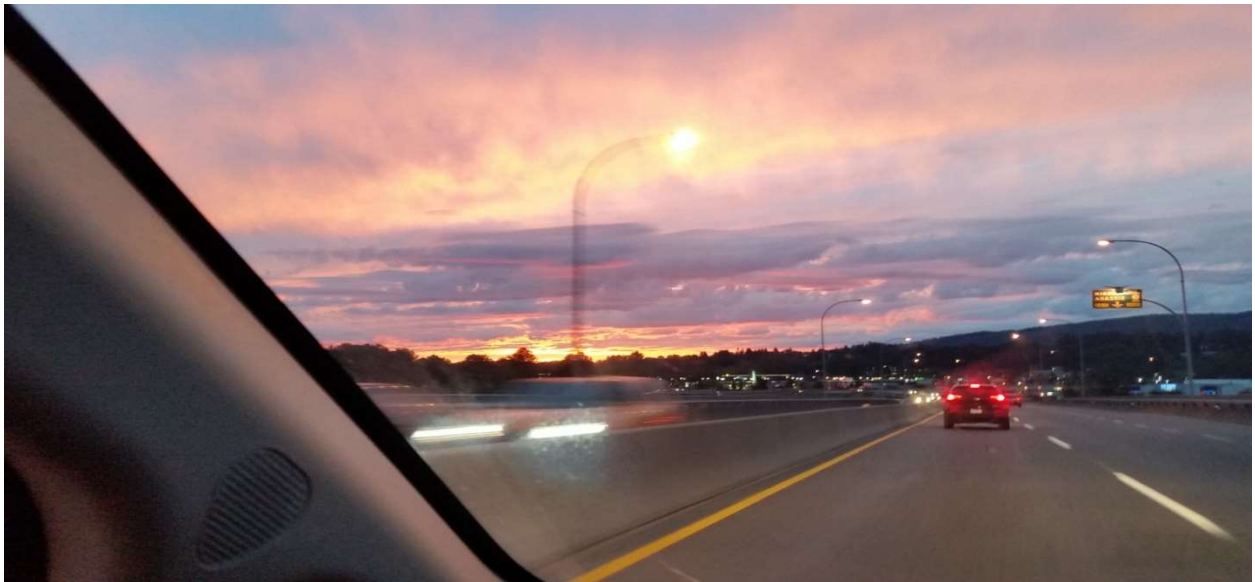
These next two Photovoice samples taken by participants show the power that women hold despite being oppressed by patriarchy. The following photos were taken by Kit Ming and Sarah.

Figure 14: Taken by Kit Ming



What felt like there was no end, and if there were, it wouldn't be good. The picture shows me the determination and resilience of new life cracking through hard places despite it all. (Kit Ming)

Figure 15: Taken by Sarah



This is leaving, it's going. Driving away, running away. Taking a stand while embracing uncertainty. I loaded up my four kids and my pets and we left. Everyone was silent. I think we all felt the weight of the decision and we also felt the freedom that came with the choice. It was after dinner when we fled and as I drove into the night I didn't realize I didn't have a plan I just had had enough. I couldn't take anymore threats, intimidation, yelling, breaking things and I couldn't spend another night blaming myself for the hell I found myself paralyzed in. I was fleeing abuse and running towards hope. (Sarah)

The participants also showed and discussed how their children were a source for them to make the changes in their lives.

Figure 16: Taken by Maria



This photo was taken at the Women's March with my daughter. Had I been on my own, I couldn't have escaped, but my daughter motivated me. Through my experience of intimate partner violence, I found connection with other women, through pain, resilience and activation. I also found resolution and healing through myself by living life with joy, and acceptance. Which I hope will leave a legacy for my daughter.
(Maria)

The participants and their stories show recovery from trauma, courage, and give hope. Each participant was in a different stage, and had either time or distance from changing their living circumstances after the violence. Three of the participants are currently living in safe and acceptable housing. Coincidentally, two of these three have had the longest time free of the violence that initiated the move.

Discussion and Implications

Given that this was a feminist participatory research project using qualitative methods, much discussion, sensitivity, and narratives emerged. The research question was 'Within the Vancouver housing crisis, what are the stories of racialized women who have left intimate partner violent relationships?'. From the participants' photos and stories, they provided insights on the relationships among racialized women's health, intimate partner violence, and the housing crisis in Vancouver.

For several of the women, they chose to bring to light their stories of intimate partner violence for the first time, which was courageous and powerful. For some, they chose to protect that story, and focus on the barriers to housing that gripped them, and the resources that propelled them forward. Within the discussion, support, active listening, safety, and connection happened organically. Although not specifically mentioned as a theme, the women spoke of their children often throughout the discussion. Sometimes it was about the concerns of how they were impacted by the violence long term, and how it was showing up in their children's lives. The ages of participant's children varied from one year old to adults. Some children were aware of what was going on and helped with moving, and others being born after major crisis. Behind the words of the women was a whole big bag of emotions such as shame, blame, pride, guilt, tenderness, longing, and deep love. What came from this discussion was the idea of holding monthly women's art group therapy sessions. One of the participants is an art therapist and president of a Filipino Indigenous arts collective society. She offered to facilitate racialized women's groups for healing from IPV, and bringing our children. We also discussed the idea of men's groups that meet up to discuss accountability and IPV. We brainstormed who we knew from community that would be able to hold such a space, and if there would be interest. Coming up with these ideas in our session energized the space, and made us feel empowered. It also brought up the feeling that although we came together because of adversity, what would keep us together was connection and resilience.

During the time of this research, Black Lives Matter, the #MeToo, #TimeIsUp, and #HowWillIChange was on the rise within the anti-violence movement and social media. Thousands of women started coming forward with their stories of violence and calling out men who had perpetrated the violence. The #MeToo movement affected the discussion by way of

focusing not only on the stories of the participants, but of the lack of narrative and discourse on accountability of men, and policies, resources and language that reflect accountability.

That said, the discussion and implications included similar outcomes to the Jategaonkar & Ponc (2011) study, however it also has its nuances of the times, and focused on recommendations that could make changes that interrogate and disrupt how patriarchy impacts racialized women's housing, health and healing. In the literature review section, accessible legal aid was mentioned as a conduit towards safe and acceptable housing. The participants came up with similar ideas but with some tweaking. The recommendation the group came up with, is a low to moderate income accessible legal aid service which is grounded in an intersectional feminist approach to IPV. Considering there is currently a movement addressing violence against women, perpetrated by men there needs to be legal services that center on IPV, not just broad and general services like Victim Services or Family Law. The service would provide childcare, translators, and multi-cultured and multi-language professionals. The agency would hold the knowledge and experience of legal and social issues of separation and divorce, child custody, criminal law, tenants' rights, refugee rights, and property asset laws. Legal aid and legal offices such as this could easily give a racialized woman a fighting chance to equip herself with the resources needed to gain back her confidence, rights, healing, and appropriate housing.

The idea of temporary housing or shelters for men was brought up. Women and children being uprooted, re-located, and separated from their network and community is much more disruptive than one person finding a place to go. The women and children could stay in their home, kids could stay in their daycares and schools, and women would not have to spend time on finding housing. The challenge to men's temporary housing or shelters is removing the perpetrator, and the fear of having them come back. However, if there was a place they could go

to either dry out, calm down, or have a place they would not have to fear incarceration, or deportation could decrease immediate violence and have less massive impacts on the family. The men's shelters and transition houses could provide resources to short or long-term housing, mediation, addiction treatment, counselling, employment centers, mental health resources, and culturally appropriate services.

A more significant change that is needed is to turn the gaze to the perpetrator; the men. There is little to no discourse around active men's accountability or recourse to IPV in any meaningful way in Vancouver. Currently, there is the criminal justice system and prison industrial complex, men's anger management groups, 12-Step groups, and men's faith groups. These types of infrastructure are not enough, and at times even perpetrate more violence against racialized communities. For example, Angela Davies argues that the prison complex industry is a modern version of slavery (Davis, 2015). However, in March 2018, in East Vancouver, there was a weekend conference about men's accountability to violence as a response to the growth of the #MeToo and #HowWillIChange movements. The conference was to about men building the infrastructure to unlearn their violent behavior, socialization and shift from outdated models of hyper-masculinized men towards nurturing men with rich emotional lives who can support women and children in their lives. From our discussion, the participants felt that this was a small beginning and a potentially fundamental step in the right direction. According to the participants, not one of their partners has ever shown accountability for the violence and the impact it had on their family. The amount of healing that would be received for taking responsibility, instead of the typical reaction of denial, blaming others, and minimizing the betrayal, pain, and hurt, would be epic.

Another way of having men be accountable, and give racialized women more control of their situation, is for banks to have a policy that enables transparency with common-law and married couples. If it could be proven that there is financial abuse happening by the perpetrator, banks should be able to give financial control over to the woman. Racialized women would be able to have access to information to their partner's bank accounts without their consent. This policy already exists with a court order, however by the time it comes into play it has been expensive, complex, and often too late.

Conclusion

My research question was “within the Vancouver housing crisis, what are the stories of racialized women who have left intimate partner violent relationships?” FPAR and Photovoice were used to capture their stories through creativity with their smart phone cameras and a social justice lens. The stories participants shared were unique and at the same time, similar. As the researcher, I would have to say the thickest narrative amongst the women was their courage to stay connected to themselves and their community, to be accountable and present with their children, and to continue to be vulnerable and wise. No matter what they lived through, they remained to be resilient and disruptive to the system that denies them their rights to safe and acceptable housing and justice.

The women stated the need for changes to policies and programs, including creating spaces for racialized women and their children to connect and heal, accessible legal aid services specifically for racialized women who have experienced IPV, shelters and short term housing for men who are perpetrators of IPV, and bank accounts that give access, transparency and control to women in IPV relationships. Lastly, to focus on hyper masculinity and men in the context of IPV and identifying the changes they need to make and policies inforce that change outside of

criminalization. Through these changes, there is hope to lift the barriers that racialized women experience when access safe and acceptable housing, which in turn influences well-being and healing.

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Appendix A
Certificate of Research Ethics Board Approval



Certificate of Human Research Ethics Board Approval - Amendment

Contact Person Michelle Wing	Department Social Work	Protocol 964S-17
Co-investigator(s) Glen Paddock		
Title of Project Women's Health, Intimate Partner Violence and Housing		
Sponsoring/Funding Agency N/A		
Institution(s) where research will be carried out University of the Fraser Valley		
Review Date: 17-Oct-17	Amendment Date: 16-Oct-17	Original Approval Date: 15-May-17
Approval Term: 15-May-17 - 14-May-18		
<p>Certification:</p> <p><i>The protocol describing the above-named project has been reviewed by the UFV Human Research Ethics Board, and the procedures were found to be in compliance with accepted guidelines for ethical research.</i></p> <div style="text-align: center;">  _____ Michael Gaetz, Chair, Human Research Ethics Board </div> <p><i>NOTE: This Certificate of Approval is valid for the above noted term provided there is no change in the procedures or criteria given.</i></p> <p><i>If the project will go beyond the approval term noted above, an extension of approval must be requested.</i></p>		

Appendix B

Recruitment Email for Potential Participants

LOOKING FOR PARTICIPANTS WHO WOULD LIKE TO BE INVOLVED IN A RESEARCH PROJECT ABOUT WOMEN'S HEALTH, DOMESTIC VIOLENCE, AND HOUSING

Do you meet ALL criteria:

- A woman of colour living in Vancouver
- A woman of colour who has left an abusive relationship and out of immediate danger, and have a safety plan.
(Emotional/psychological/financial/physical/spiritual abuse)
- Capable of providing informed consent as a legal adult
- Have identified supports in place and capable of reaching out for support if needed.
- Able to commit to research project
- Be available to contact researcher by November 15th, 2017

If so, you may be interested in participating in a Feminist Participatory Action Research and Photovoice Project. Participants will be trained on how to take metaphoric photographs of your housing situation. Your photographs and personal analyse will be used as data to understand women's health, intimate partner violence, and housing issues. This qualitative research will be used to provide policy recommendations for increasing availability of safe and acceptable housing for women leaving violent relationships.

Participation involves a 15-minute phone interview for assessment, 1-hour face to face session, and a 2-hour group session. **\$40 honorarium, light snacks, and transportation will be provided.** The sessions will be audio recorded. All involvement and responses will be strictly confidential. Participants can discontinue from project at any point.

Appendix C

Letter of Informed Consent

Addressing the Housing the Issue for Racialized Women Who Have Left Intimate Partner Violent Relationships Letter of Informed Consent Letter of Informed Consent

Purpose/Objectives of the Study

I am a Social Worker, and I work with women who have experienced intimate partner violence and have my own lived experience of violence. I continuously witness the impact of violence and lack of housing for racialized women. Housing is a core human right and a critical resource to facilitate women's ability to leave intimate partner violent relationships and to re-establish health and well-being. Racialized women face barriers to accessing safe and affordable housing. For the purposes of this project, the term *racialized* refers to people who are of colour, and identify as Indigenous. Research has shown that housing is a key factor in racialized women's ability to leave intimate partner violent relationships and is one of the most under-provided services. Policy and programming for racialized women leaving violence tends to be fragmented and overly focused on short-term transition housing and support within the criminal justice system. The purpose of this research paper is to enhance awareness around racialized women's health who have been in intimate violent partner relationships and to find out how you found housing despite the barriers.

I would like to use your voice, as a racialized woman, who has left an intimate partner violent relationship through your story to create safer long term housing options through policy in Vancouver.

Procedures involved in the Research

1. I will be recruiting 5 participants from Midtown BC Employment Service Centre and Mount Pleasant Neighbourhood House where I am familiar with the space, clients and service workers, and other on-line websites such as Facebook and Craigslist.
2. When I am contacted by potential participants I will screen that they meet all the required criteria. I will ask them what their current living situation is, and what support network they have in their lives. I will also ask what their plan would be if their situation changed and they felt they were at risk of violence. In this initial contact, I would also go over consent, and aspects of the study. The initial screening will be over the phone, or in-person and shall take up to 30 minutes per person.
3. Childcare will be provided if there is a need during sessions.
4. Our first meeting as group will be a 2-hour session focus group to discuss:
 - Ethical protocols and safety procedures.

- Review informed consent procedures, collect demographic and background information, and discuss how personal smart phones will be used in a secure manner.
 - Researcher will discuss the formulation of a formal consent which can be renewed at different points of research process. For example, after the first focus group, while photos are being taken, after second meeting, and after report is finalized.
 - Researcher will continuously check in and remind participants to use their support network, case workers, researcher, and each other for emotional support throughout project.
 - Discussion of participant retaining ownership and control of her own data and explicitly agrees to release to researcher for purpose of study.
 - Training with photographer to discuss the process of taking photos as data and relevant legal restrictions, and creating art for research.
 - This training will discuss that the participants will be taking metaphorical photographs. Metaphorical photography is a visual presentation verse verbal or literal. More importantly, the photographs' will not be able to connect or make the participant identifiable.
 - The goal of the photograph is to capture the feeling that they want to portray of their housing situation. For example, a photograph of mold in a bedroom, or a flower growing out a of crack of cement.
 - The photographs taken from participants personal smart phones, will be sent electronically to Researcher's confidential e-mail. If participant is using a disposable camera, the Researcher will develop photos on to CD. Researcher will discuss the importance of confidentiality and potential risks of exposure of the photographs, but it is up to the participants who own them to do what they wish with them.
 - Researcher will be explicit about use of photographs that may be used on-line, for presentations and academic purposes. Researcher's supervisor will have access to photographs.
 - Researcher will explain what will happen with photographs and how they will be used as data by asking participants open ended questions like how and why they took the photo.
5. Our second meeting as group will be a 2-hour session focus group to discuss:
- It will be audio recorded and transcribed with the narratives of the participants. The session will be up to two hours. Both sessions will be located at the Midtown Employment Service Centre.
 - Researcher and participants will also discuss what policy changes need to happen, and what information needs to put forward to benefit the circumstances for racialized women who have experienced intimate partner violence and have had to find housing.

6. From the narratives of the photographs (data), the researcher will identify the themes and code the data of barriers and resilience of finding housing, their mental well-being or illness during that time.
7. I will email a first draft of themes, and policy recommendations to all participants for feedback, critique and amendments. Participants can either email or phone researcher back with their responses. Researcher will make the changes and resend to participants for approval.
8. Once data is finalized I will make a final report.

Potential Benefits

The proposed research will benefit the participants by enhancing their own inclusion of the process of bettering their living situation by identifying key barriers to unacceptable and unsafe housing and making policy recommendations. The process of the research project will allow the participants to connect with one another and potentially lessen issues of isolation. Furthermore, when people have access to safe and acceptable housing, there is more opportunity for more meaningful life styles, which include employment, and participating in community. Each project will allow the participants to connect with one another and potentially lessen issues of isolation. Furthermore, when people have access to safe and acceptable housing, there is more opportunity for more meaningful life styles, which include employment, and participating in community. The proposed research will benefit the participants by enhancing their own inclusion of the process of bettering their living situation by identifying key barriers to unacceptable and unsafe housing and making policy recommendations. The process of the res

Potential Harms, Risks or Discomforts to Participants

There is potential for emotional discomfort. The data collected is coded, and photo's will be metaphorical, however there is the small potential risk of being identified. This research project is based on a previous study which will be applying the exact same safety measures to minimize potential harms, risks or discomforts to participants.

Confidentiality

The audio recordings will be transcribed by myself after the interview and will be stored on a secure computer to ensure that it remains confidential. Once the recording has been transcribed it will be deleted. The transcriptions stored on the computer will be saved until April 2018, after April 2018 this data will be deleted with the consent of participants. Copies of photos will be given to participants. Researcher's photograph copies will be saved until April 2018, and destroyed after this date.

Any identifying information that you provide during the interview will not be included in the study so that your privacy is respected. Pseudonyms will be used in the transcription and the results of the study to protect your identity. Anything you say in the sessions will not be shared

with anyone else without your permission. If at any point you disclose that you are considering harming yourself or others, or that you have abused or neglected a child, I will be required to report this information for the safety of yourself and others.

Participation

Participation in this study is voluntary and you may withdraw your consent to the study at any time without consequences. In cases of withdrawal any information that you have provided will be destroyed unless you indicate that you would still like your information to be included in the study.

Please note that you can refuse to answer some questions in the interview and remain a part of the study.

Study Results

The results of this study will be published in the University of the Fraser Valley's library. Study results may also be presented at the University of the Fraser Valley, on the internet, in the community, and at professional conferences. This study may also be published and submitted for publication in academic journals with participant consent. Your anonymity will be guaranteed under any of the above circumstances.

If you wish to see the results of the study please contact Michelle Wing 604.720.6794, or Michelle.Wing@student.ufv.ca.

Questions

CONTACT FOR INFORMATION ABOUT THE STUDY

If you have any questions about the study please contact Michelle Wing 604.720.6794, or Michelle.Wing@student.ufv.ca.

The ethics of this research project have been reviewed and approved by the UFV Human Research Ethics Board.

CONTACT FOR CONCERNS

“If you have any concerns regarding your rights or welfare as a participant in this research study, please contact the Ethics Officer at 604-557-4011 or Research.Ethics@ufv.ca.

Consent Form

By signing below, I agree to participate in this study, titled Addressing the Housing the Issue for Racialized Women Who Have Left Intimate Partner Violent Relationships Letter of Informed Consent.

I have read the information presented in the letter of informed consent being conducted by Michelle Wing and the Social Work Department at the University of the Fraser Valley. I have had the opportunity to ask questions about my involvement in this study and to receive any additional details.

I understand that I have the right to withdraw from the study at any time and that confidentiality and/or anonymity of all results will be preserved. If I have any questions about the study, I should contact Glen Paddock, Glen.Paddock@ufv.ca.

I understand that the sessions will be audio recorded and transcribed. The sessions are in a group and your voice will not be able to be deleted from group recording if you do not agree.

☐ I agree to be audio taped during the sessions.

Name (please print) _____

Signature _____

Date _____

Once signed, you will receive a copy of this consent form.

